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Bib Data Sheet

CONFIRMATION NO. 5705

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/735,989 | <b>FILING OR 371(c) DATE</b><br>12/13/2000<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY DOCKET NO.</b><br>ARC2940R1 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/172,371 12/16/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature          | Initials                   |                           |                                |

**ADDRESS**

27777

**TITLE**

Dosage forms having a barrier layer to laser ablation

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>898 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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